

COMMUNITY SERVICE ARTICLE

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Family Education in Increasing Exclusive Breastfeeding Coverage in Lakarsantri District Surabaya

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ABSTRACT Breast milk is the best food for babies and is always disseminated by the government and health workers. Regulations explain that every baby has the right to get exclusive breast milk from birth for 6 (six) months. There are 34.64% of mothers in Lakarsantri Subdistrict, Surabaya, who do not provide exclusive breastfeeding to their babies. There are many reasons given, including breast milk does not come out, the baby does not want to breastfeed and the mother works. Community service activities in the form of education on exclusive breastfeeding mothers and families. This community service activity aims to increase the commitment of mothers and families to exclusive breastfeeding. The counseling material includes the definition of exclusive breastfeeding, how to breastfeed, how to store breast milk properly and efforts to increase breast milk production. The participants were mothers and families with infants and toddlers. The number of participants was around 20 people. The media used were leaflets and demonstrations on how to pump breast milk. The results of the activity were able to increase the community's knowledge of the definition, how to store breast milk, factors that affect breast milk and the correct way to express breast milk.

INDEX TERMS *education, exclusive breastfeeding, family*

I. INTRODUCTION

Breast milk is the best food for infants. [1] The importance of exclusive breastfeeding for infants aged 0-6 months has been disseminated by the government and health workers. Regulations already exist, namely Health Law no. 39 of 2009-chapter VII article 128 paragraph 1 explains that every baby has the right to get exclusive breast milk from birth for 6 (six) months, except for medical indications. In paragraph 2, it is stated that during the provision of breast milk, the

family, government, local government and the community must fully support the baby's mother by providing time and special facilities. Meanwhile, Article 129 paragraph 1 explains that the government is responsible for establishing policies to guarantee the right of infants to get breast milk exclusively. However, the coverage of exclusive breastfeeding still does not meet the set target.[2]. According to the East Java Maternal and Child Health Profile (2020),

ased on data from districts / cities, it is known that the coverage of newborns receiving IMD in East Java in 2022 is 83.55%. This coverage has increased from 2021, which amounted to 73.6%. Based on data from districts/cities, it is known that the coverage of infants who receive exclusive breastfeeding until 6 months of age in East Java in 2022 is 73.3%. This coverage has decreased from 2021, which amounted to 73.6%.[3] Thus there are still 26.7% who do not get exclusive breastfeeding. Some factors that influence the success of exclusive breastfeeding are the existence of program support from the government.[4],[5] Adequate counseling during ANC.[6] and behavior (knowledge, attitudes and actions) of pregnant women.[7],[8] and social support.[9]

The low coverage of exclusive breastfeeding is also experienced by the community in RW1 of Jeruk village, Lakarsantri sub-district, Surabaya. Of the 164 children under five years old, about 34.14% did not receive exclusive breastfeeding.

Preliminary studies have been conducted related to the mother's understanding of exclusive breastfeeding. Various factors of children not getting exclusive breastfeeding are the mother's lack of understanding of proper lactation management, babies are given formula milk, given prelacteal feeding (giving sugar / dextrose water, formula milk on the first day of birth), working mothers and various other reasons.

One of the efforts to increase exclusive breastfeeding coverage is to educate mothers and families about exclusive breastfeeding.

II. METHOD

Community service activities are carried out at the RW Hall of Jeruk Village, Lakarsantri Subdistrict Surabaya, with the target activities being mothers, cadres and families who have toddlers.

Implementation Method This activity is divided into 2 activities, namely:

1. Pre Community Service
2. Determine the topic of community service.
3. Analyzing the location of the Community Service site.
4. Preparation of a Community Service proposal to be proposed to the Poltekkes Kemenkes Surabaya.

Applying for a permit for Community Service activities at the Surabaya City Health Office.

1. Coordinating with the Sub-district Midwife for the time and place of Community Service implementation.
2. Implementation of Community Service
3. Coordinate with the team on the Implementation of Community Service (Place: Balai RW 1 Jeruk Village, Lakarsantri Sub-district, Date : September 4-5, 2023, Participants : 20 respondents)

Carry out education in the form of counseling, with the implementation of the following activities.

III. RESULTS AND DISCUSSION

The results of community service activities are as follows:

A. PRETEST ASSESSMENT RESULTS ON RESPONDENTS

Prior to the implementation of the main activity, all targets were assessed for their level of understanding related to exclusive breastfeeding through a prepared questionnaire. The contents of the questionnaire assessed respondents' understanding of the definition of exclusive breastfeeding, how to store exclusive breast milk, factors that affect exclusive breastfeeding, and how to express breast milk.

In **TABLE 1** The results of the pretest assessment in this Community Service activity are as follows:

TABLE 1
Results of Pretest Assessment on Respondents Regarding Public Knowledge of the Definition of Exclusive Breastfeeding

Knowledge	Total	
	n	%
Good	4	20
Fair	6	30
Less	10	50
Total	20	100

The assessment using a questionnaire given before the counseling (pretest) found that 50% of the targets participating in the Community Service had insufficient knowledge about the definition of exclusive breastfeeding.

TABLE 2
Results of Pretest Assessment on Respondents Regarding Public Knowledge of Breast Milk Storage Methods

Knowledge	Total	
	n	%
Good	2	10
Fair	2	10
Less	16	80
Total	20	100

The assessment using a questionnaire given before the counseling (pretest) found that 80% of the targets participating in the Community Service had insufficient knowledge about breast milk storage **TABLE 2**.

TABLE 3
Results Of Pretest Assessment on Respondents Related to Public Knowledge of Factors Affecting Exclusive Breastfeeding

Knowledge	Total	
	n	%
Good	4	20
Fair	6	30
Less	8	40
Total	20	100

Assessment using a questionnaire given before the counseling (pretest) obtained the results that 70% of the targets who participated in the Community Service had insufficient and sufficient knowledge about the factors that affect exclusive breastfeeding **TABLE 3**.

TABLE 4

Results of Pretest Assessment on Respondents Regarding Public Knowledge on How to Express Breast Milk

Knowledge	Total	
	n	%
Good	4	20
Fair	8	40
Less	8	40
Total	20	100

Assessment using a questionnaire given before the counseling (pretest) found that 80% of the targets who participated in the Community Service had insufficient and moderate knowledge about how to express breast milk TABLE 4.

Posttest Assessment Results for Respondents. The results of the pretest assessment on this Community Service respondent are as follows:

TABLE 5

Results of Posttest Assessment on Respondents Regarding Public Knowledge of the Definition of Exclusive Breastfeeding

Knowledge	Total	
	n	%
Good	18	80
Fair	1	10
Less	1	10
Total	20	100

The assessment using a questionnaire given after the counseling (post test) found that 80% of the targets participating in the Community Service had good knowledge about the definition of exclusive breastfeeding TABLE 5.

TABLE 6

Results of Posttest Assessment on Respondents Regarding Public Knowledge on Breast Milk Storage Methods

Knowledge	Total	
	n	%
Good	17	85
Fair	2	10
Less	1	5
Total	20	100

The assessment using a questionnaire given after the counseling (post test) found that 85% of the targets who participated in the Community Service had good knowledge about breast milk storage TABLE 6

TABLE 7

Posttest Assessment Results on Respondents Related to Public Knowledge of Factors Affecting Exclusive Breastfeeding

Knowledge	Total	
	n	%
Good	15	75
Fair	4	20
Less	1	5
Total	20	100

The assessment using a questionnaire given after the counseling (post test) obtained results that 75% of the targets

who participated in the Community Service had good knowledge about the factors that affect exclusive breastfeeding TABLE 7.

TABLE 8

Post-test Assessment Results on Respondents Related to Public Knowledge on how to express breast milk

Knowledge	Total	
	n	%
Good	16	80
Fair	2	10
Less	2	10
Total	20	100

The assessment using a questionnaire given after the counseling (post test) found that 80% of the targets participating in the Community Service had good knowledge of how to express breast milk TABLE 8.

IV. DISCUSSION

This community service activity can increase community knowledge, especially related to community understanding of the definition of exclusive breastfeeding, how to store exclusive breast milk, factors that affect exclusive breastfeeding, and how to express breast milk. By increasing knowledge, it is hoped that it will be able to improve the attitudes and actions of mothers, especially about exclusive breastfeeding. This activity can overcome the basic problems found in the community related to the low coverage of exclusive breastfeeding.

The success of exclusive breastfeeding is influenced by various things, including efforts that are always educated at the antenatal and early postpartum stages and regular breastfeeding counseling is very important, to improve maternal attitudes and knowledge of breastfeeding practices.[8]

Other factors that influence the success of exclusive breastfeeding are program support provided by the government,[4],[5] adequate counseling provided during ANC,[6] maternal and family behavior (knowledge, attitudes and actions) of pregnant women in providing exclusive breastfeeding. [7], [8] and adequate social support can affect success in achieving exclusive breastfeeding.[9]

Individual promotion of exclusive breastfeeding had no significant impact on the success of exclusive breastfeeding. Balanced consideration of maternal and infant health is essential and encouraged when breastfeeding. Clinicians who provide frontline support to breastfeeding parents should be taught and expected to provide nuanced breastfeeding support that anticipates physical and mental health challenges.[5]

Even in populations with high rates of breastfeeding initiation, duration of breastfeeding, both exclusive and partial, there is a decline in breastfeeding that occurs during maternity leave, most likely related to breastfeeding challenges other than work. Breastfeeding support needs of mothers are currently not adequately met; staff and time for hospital and community-based counseling need to be funded and mandated. Counseling hours should be adjusted to

ensure adequate coverage for high-risk groups such as mothers after cesarean delivery and newborns requiring intensive care.[10]

Perceived distress about breastfeeding can be an important psychosocial factor to consider when seeking to improve a mother's breastfeeding experience. Reducing perceived distress can be beneficial for improving breastfeeding outcomes, and therefore education should be delivered in an appropriate manner so that it does not become a burden that causes distress to the mother.[11]

Documented significant associations with decreased breastfeeding self-efficacy since late pregnancy were no or short education, negative early breastfeeding experience, short previous breastfeeding duration, and general low breastfeeding self-efficacy during pregnancy. Negative breastfeeding experiences in the first week postpartum are critical to a mother's breastfeeding self-efficacy 1 week postpartum. It is important to identify and support mothers at risk of negative breastfeeding experiences in the first week postpartum and address factors that may increase the likelihood of a successful early breastfeeding experience.[12] Providing education about education in the group of first-time mothers (first child), the duration of breastfeeding is associated with several characteristics that highlight groups at greater risk of not breastfeeding significantly affects the success of achieving exclusive breastfeeding. Therefore, more intensive education is needed for these groups.[13]

The self-efficacy scale also greatly influences the success of exclusive breastfeeding. Breastfeeding self-efficacy in exclusive breastfeeding is considered adequate for the cultural context and is reliable and valid to support breastfeeding women in Brazil.[14]

Efforts to increase self-efficacy are developed starting from pregnancy. Breastfeeding interventions in private health facilities in Lagos increase exclusive breastfeeding. Implementation of breastfeeding interventions in private health facilities can expand the reach of breastfeeding promotion programs in urban Nigeria. Support for special working hours for breastfeeding mothers and the existence of facilities and infrastructure such as safe and comfortable breastfeeding areas, breastfeeding counseling by specialized breastfeeding counselors and support systems and other special policies are very supportive of the achievement of exclusive breastfeeding.[15] Efforts to increase understanding must be continuously carried out by involving all components of the family including husbands and close people, cadres, community leaders, religious leaders and health workers. With the concern of all these components, support continues to flow as a support system for the success of breastfeeding as an effort to create a healthy generation can be realized.

The successful implementation of exclusive breastfeeding can reduce growth and development disorders of infants and children, reduce morbidity through the prevention of gastrointestinal diseases such as diarrhea, maintain the immunity of infants and children, increase the psychological bond between mother and child and in the long

run can be used as an investment in family and national assets to create a healthy, qualified and productive generation through economic, political, cultural and human resource management.

V. CONCLUSIONS

This activity can increase people's understanding of the definition of exclusive breastfeeding, how to store exclusive breast milk, factors that affect exclusive breastfeeding, and how to express breast milk. The supporting factors for this community service activity are good cooperation with the Health Office, Puskesmas. Cooperation with Kelurahan and RW is very good. Mothers, cadres and families are willing to participate in activities, namely 20 people. The cooperation of RW 1 cadre mothers is very good and responsive. Activities are carried out at the RW Hall which is also used as a learning facility for PAUD children so that it can be carried out well. While the inhibiting factors for community service activities are Activities indirectly invite children who have just finished school, so there are some mothers who rush home.

Support from all aspects is needed to be able to support the successful implementation of exclusive breastfeeding, carried out early, continuously and consistently.

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7. Cadres, Community Leaders, Religious Leaders, Health Workers, Government Officials and
8. Respondents

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